

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90304 037 \*\*\*150.00

**DOCUMENT # 825982**

1. Entity Name  
**INTEREALTY CORP.**

Principal Place of Business  
**1851 KIDWELL DRIVE**  
**VIENNA VA 22182**  
**US**

Mailing Address  
**1951 KIDWELL DRIVE**  
**VIENNA VA 22182**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**84-0577265**

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**C/O CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE KATHRYN A. S. BOMBA DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CALDWELL, JOHN E</b> <b>4100 YONGE STREET</b> <b>N YORK ONTARIO CN M2P2G2</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PIPPY, THOMAS A</b> <b>4100 YONGE ST</b> <b>N YORK ONTARIO CN M2P2G2</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>SMITH, KATHRYN A</b> <b>120 TURNPIKE ROAD</b> <b>SOUTHBOROUGH MA 01772-2104</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NEEMAN, ELLEN</b> <b>4100 YONGE ST</b> <b>N YORK ONTARIO CN M2P2G2</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TRENT, JOHN</b> <b>66 PERIMETER CENTER EAST</b> <b>ATLANTA GA 30346</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, WILLIAM G</b> <b>4100 YONGE STREET</b> <b>N YORK ONTARIO CN M2P2G2</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Paul Birch</b> <b>11 Allstate Parkway</b> <b>Markham, Ontario, CN L3R 9T8</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Arthur Gitain</b> <b>11 Allstate Parkway</b> <b>Markham, Ontario, CN L3R 9T8</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kathryn A. S. Bomba</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Shelley R. Isenberg</b> <b>11 Allstate Parkway</b> <b>Markham, Ontario, CN L3R 9T8</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn A. S. Bomba Date 4/18/02 Daytime Phone # (703) 610-5167  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment

Doc. # 825982

781464

**Officers and Director  
of  
Interealty Corporation**

**EIN: 84-0577265**

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
William G. Nelson	Director	11 Allstate Parkway Markham Ontario Canada L3R 9T8
Paul Birch	President & Chief Executive Officer	11 Allstate Parkway Markham Ontario Canada L3R 9T8
Arthur Gitajn	Treasurer	11 Allstate Parkway Markham Ontario Canada L3R 9T8
Shelley R. Isenberg	Secretary	11 Allstate Parkway Markham Ontario Canada L3R 9T8
Robin de Mercado	Assistant Secretary	11 Allstate Parkway Markham Ontario Canada L3R 9T8
Michael Harris	Assistant Treasurer	1951 Kidwell Drive Vienna, VA 22182
Ruth Klein	Assistant Secretary	11 Allstate Parkway Markham Ontario Canada L3R 9T8
Kathryn A. S. Bomba	Assistant Treasurer	120 Turnpike Road Southborough, MA 01772-2104
John T. Trent	Assistant Secretary	66 Perimeter Center East Atlanta, GA 30346